

Applied Assessments LLC
An Independent Review Organization

Phone Number:
(512) 333-2366

2771 E Broad St. Suite 217 PMB 110
Mansfield, TX 76063
Email: appliedassessments@irosolutions.com

Fax Number:
(512) 872-5096

Case Number:

Date of Notice:

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Chiropractor

Description of the service or services in dispute:

Work Hardening Program X 80 hours / units

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

Patient is a male. On, a physical performance evaluation was performed and it was noted his current medication was Naprosyn. It was noted he was able to return to work with restrictions. On an initial behavioral analysis was performed showing the patient was on Naprosyn and Tylenol with Codeine. His Beck depression inventory score was 18 indicative of mild depression, and his Beck anxiety inventory score was 11, indicative of mild anxiety. On, the patient was seen for initial work hardening program evaluation, and at that time his BDI score was rated at 1, and his BAI score was rated at 6. Pain was rated at 6 and medications at that time included Naprosyn. A work hardening program was recommended.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On, a utilization review letter was submitted noting the request for a work hardening program x 80 hours was not medically necessary, it was noted then that the patient had a heavy physical demand level and was currently performing at a heavy physical demand level but he had been terminated from his prior employment. No significant medication use was noted and his BDI score was noted to be 1. Therefore the request was non-certified. On a utilization review report noted the request was non-certified as the records indicated the patient had a BDI score of 1, BAI score of 6, anxiety and depression score of 2, frustration score of 2, muscle tension score of 3 and he was performing at a heavy physical demand level and his job required a heavy physical demand level and it was noted he had been terminated from his prior employment. It was noted there was no compelling rationale for a work hardening program and the injury was limited to the wrist and there was lack of significant factors prohibiting a return to work duties. Therefore the request was non-certified.

The guidelines state there should be evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.

A specific return to work plan was not submitted, and it was noted the patient had been terminated from his job.

It is the opinion of this reviewer that the request for work hardening program x 80 hours/units is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- ☐ Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)